## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Nu	ımber :	M20	0744409						
Claim Number :		232303A							
Date Submitted :		2/12/2007							
<b>Insurer Information</b>	n								
Insurer Name						Coverage Type			
DOCTORS' COMPA	ANY, AN INTERIN	SURA	NCE EX	CHANGE (THE)			Primary		
Insurer FEIN Professional License Number									
95-3014772									
Insurer Contact Infor	rmation								
Туре	I	First Name				MI	Last Nan	ne	
Individual	J	osie					Maldonado		
Street Address									
13450 West Sunrise	Blvd., Suite 160								
City							State	Zip	
Sunrise							FL	33323	
Phone	I	Ext Fax E-Mail Add		l Address					
(954) 858 - 0202		(954) 838 - 7480			JMaldonado@thedoctors.com				
Insured Information	n								
T	<b>T</b> ' ( <b>N</b>			M		<b>T</b> (	. NT		
Туре	First Name			MI		Last Name			
Individual	Jose	e D		М		Mar	rero		
Insurer Type	Street Addres								
Licensed	508 SE OSCEO	JLA S	1			C			
City	State			Zip Code		Cou	•		
STUART	FL Des Chaine Dal	·. •	• 4	34994-2322		Brov		T ••4	
Policy Number		Per Claim Policy Limits				Aggregate Policy Limits \$3,000,000			
	\$1,000,000				D.	\$3,0	00,000		
Profession or Busin Medical Doctor	ess			Other Profession of	r Business				
License Number	Specialty Cod	0 & C	laccificati	ion		Com	tification Nu	mhor	
ME54744	Specialty Code & Classification Psychiatry - Child and Adolescent Psychiatry				Cer		moer		
1011:34/44	rsychiany - Cl	mu an	u Auoiest	lent r'sychiatry					

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

First Name	MI	Last Name	Date of Birth	
Street Address		Gender	County where Injury Occurred	
		F	St. Lucie	
City		State	Zip Code	
Location where injury occured		Other location	where injury occured	
Hospital Inpatient Facility				
Name of Institution		Code		
SAVANNAS HOSPITAL		110022		
Location of Institutional Injury		Other Location	ı of Institutional Injury	
Patients' Room				
Date of Occurrence		Date Reported	to Insurer	
10/6/2002		9/10/2003		
Diagnostic Information				

Admitted to hospital for detox from Heroin addiction

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Orders included CBC with electrolytes, fifteen-minute observation checks and vital signs every four hour while awake, which were not followed by hospital staff

Diagnostic Code :

Misdiagnosis Made, If Any, Of Patient's Actual Condition

\*NR

**Principal Injury Giving Rise To The Claim** Death

Severity Of Injury

Permanent: Death.

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information		
Date of Suit	Circuit Court Case Number	
5/6/2004	04ca000688	
County Suit Filed in	Date of Final Disposition	
St. Lucie	1/22/2007	
Other Defendants Involved in this Claim		
Savannas Hospital Buttles, M.D., Anson J Martin Memorial Physician Corp, Inc. Montrose, M.D., Pierre Pierre Montrose, M.D., P.A. Liberty Managment Group		
Stage of Legal System at which Settlement	was Reached or Award Made	
More than 90 days, after suit filed and prior to	or during the course of mandatory settlement conference.	
Final Method of Claim Disposition		
Settled by parties		
Court Decision	Other	
No Court Proceedings.		
Arbitration		
Claim not subject to Arbitration.		
Date of Payment		l
1/16/2007		
Financial Information		
Was there a settlement Resulting in paymer		Yes
Indemnity Paid by Insurer on behalf of Ins		\$497,500
Loss Adjust Expense Paid to Defense Couns	sel	\$128,000
All Other Loss Adjustment Expense Paid		\$0
Injured Person's Total Non-Economic Loss		\$497,500
Deductible		\$0
Injured Person's Total Economic Loss		

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	Incurred to Date	Anticipated	
Medical Expense	\$0	\$0	
Wage Loss	\$0	\$0	
Other Expenses	\$0	\$0	
Safety Management Steps Taken	by Insured to Make Similar Occurrence Le	ss Likely	
Unknown			

## Updates

No updates found.